



# THE NDIS AND WHAT IT MEANS FOR AUSTRALIA'S PHYSIOTHERAPISTS

WITH THE ROLLOUT OF THE NATIONAL DISABILITY INSURANCE SCHEME (NDIS), MANY APA MEMBERS ARE LOOKING FOR MORE INFORMATION ON HOW THE SCHEME WILL AFFECT THEM. JOAN STEELE-MILLS, APAM, PROVIDES THE FOLLOWING ARTICLE THAT RAISES A NUMBER OF RELEVANT QUESTIONS. TO SUPPLEMENT THIS, NDIA CHAIRMAN BRUCE BONYHADY GIVES A PHYSIOTHERAPY-SPECIFIC OVERVIEW OF THE NDIS TO ARM APA MEMBERS WITH MORE INFORMATION.

## THE MEMBER PERSPECTIVE

My business partner and I run a multidisciplinary private practice in Sydney, which trades as two separate businesses: a paediatric practice and an adult practice. Currently we have a number of Better Start for Children with Disability initiative-funded paediatric clients that are invoiced to the Department of Families, Housing, Community Services and Indigenous Affairs. This funding program provides up to \$12 000 in funding for early intervention services and treatments for eligible children under the age of six, and a Medicare rebate for eligible children up to the age of 15 years.

These clients, who have a variety of mobility limitations, will, over time, be eligible for NDIS funding. A large proportion of our adult clients have mobility limitations and movement disorders and will likely also meet the criteria for NDIS funding.

It appears that the NDIS will run in a similar way to Better Start for Children, so some of my perspective is based on experiences from working with these programs.

### WHAT ARE WE EXPECTING TO CHANGE?

Better Start had only a small impact on our service. We had expected to see a larger increase of service provision for eligible children with the funding becoming available, but that did not happen. So for the NDIS, although the prospect that people with a disability will be able to choose their service provider is exciting, we are not expecting an immediate and large increase of service provisions in our practice. Instead, we are expecting a gradual increase in services provided and number of clients with a disability as funding becomes available and people start to understand the system better.

Besides private practices that are likely to increase service provision, there are already service providers out there for client groups with specific diagnoses that have, up until now, received charity and government funding for service provision. We are assuming they also have the option or will develop programs to provide services to their people with a disability under NDIS funding.

It is very likely that there will be an increase in private practitioners/practices aiming to provide services to people with a disability closer to the time the NDIS will be implemented state-wide, mainly due to the expectation that extra funding will become available. This has become apparent in the Hunter region with an increase of private paediatric physiotherapy services.

## HOW TO PREPARE

Staff members need to be well informed about the NDIS as it becomes available in order to advise existing patients with a disability, as well as providing information on the practice website for prospective patients.

Better Start providers needed to register (filling large amounts of documents to achieve this) and publish their fee schedule for prospective people with a disability to see and choose from. There is the possibility the NDIS will require this as well.

The fee schedule needed to be adjusted to allow for report writing and equipment requests to be included in cost of initial assessment, as this was not funded as a separate invoiced item. Both therapy and administration staff members need to be prepared to train and implement yet another system/process of reporting and requesting equipment, besides invoicing.

Information obtained from a variety of sources indicates that the NDIS will use the same if not a similar system as Better Start for the invoicing of treatments provided. The Better Start system works quite well; however, it is administration intensive. An online system is in place that requires two people to finalise invoicing.

The NDIS is promoted as allowing people with a disability a choice of therapies used and provider, as well as choice in the equipment required. This raises many questions about how the NDIS will function. There are many processes and criteria that, at this point, are not clear to the general public and physiotherapists, and will most likely need to be further developed over time. For example:

- how is funding set aside and how long is cost predicted for?
- current information talks about setting yearly plans. Who develops the goals of the people with a disability into cost/care/treatment plans for the people eligible for the NDIS funding?
- are professionals such as physiotherapists and occupational therapists involved in this process?
- how are the treatment plans being assessed and who has authority to approve them?
- are there therapists on panels who look at physiotherapy plans or is it peer reviewed?
- what are the criteria for approval of treatment at home versus in a clinical setting?

• what are the criteria for approval of recommended therapy equipment purchased for home use?

• will the process be similar to the one the NSW Lifetime Care & Support (LTCS) Scheme currently uses for treatment, care and equipment request and approval?

• will the 'reasonable and necessary' terminology currently being used by the insurance world and the LTCS Scheme be part of the criteria?

Having experience in writing medico-legal reports where I recommend physiotherapy service provision and equipment related to physiotherapy services for the future and long periods of time, as well as working with people with a disability who have had compensation payments, I'm well aware that writing these plans is not an easy job. However, physiotherapists have great skill-sets to be 'planners' or 'intermediaries' for the person with a disability planning their personal goals. Physiotherapists are obviously well qualified to assist people with a disability in writing the physiotherapy-specific component of a goal, ensuring the treatment is evidence-based, measurable, well justified and efficient. It takes a lot of detail and clinical experience to ensure that cost plans allow for sufficient funding for efficient achievement of these goals.

As physiotherapists, we are also well qualified to assist with assessment for eligibility and entering the scheme once criteria are clear. Having your clinic set up for assessments and/or being able to do home/community visits will assist with this provision.

### **IN SUMMARY, WHAT WILL BE POSITIVE ABOUT IMPLEMENTATION OF THE NDIS?**

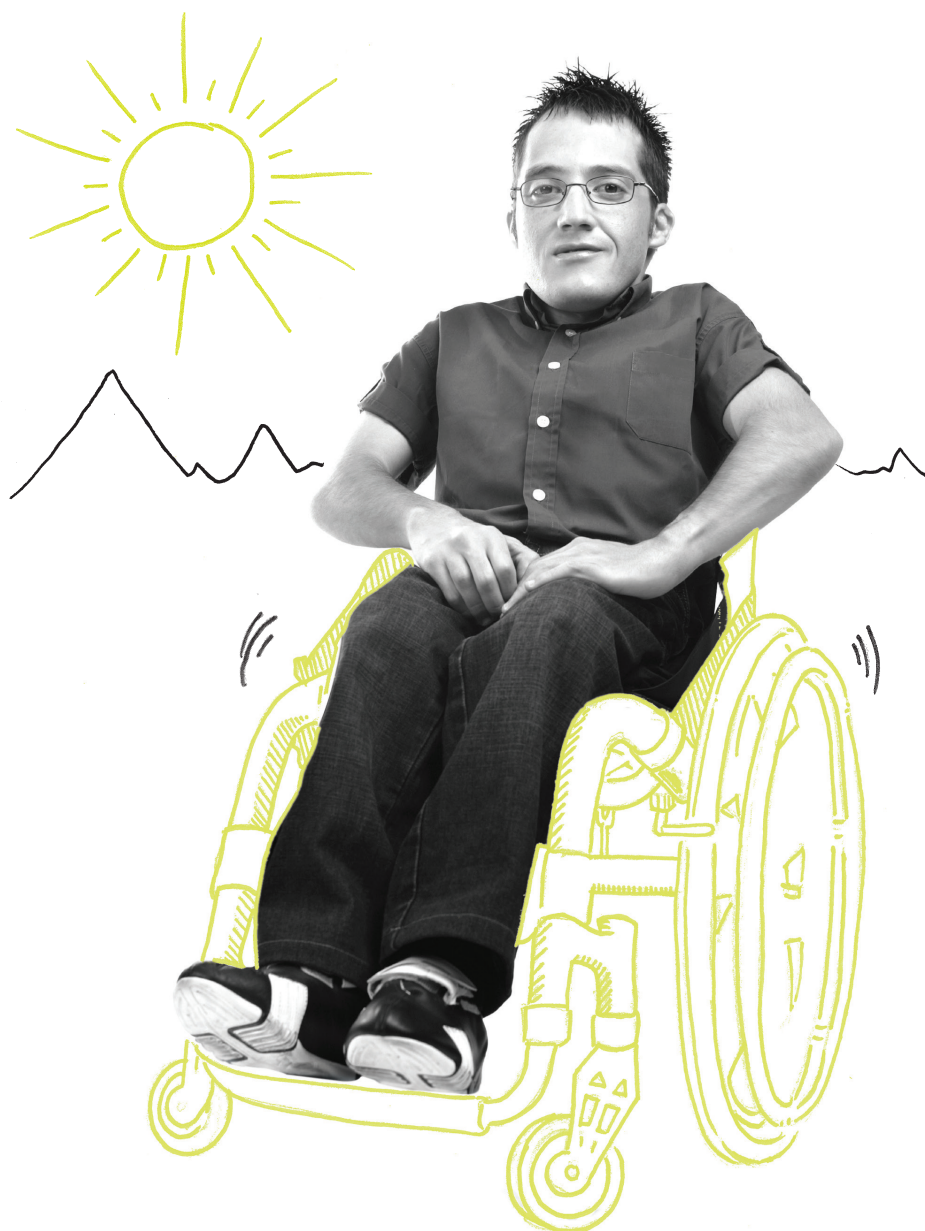
It will allow people with a disability who are currently privately funded (with or without private health funds) to have improved choice in service provider and equipment and, we assume, increased and more efficient access to funding.

It will allow more timely purchase of necessary equipment for people with a sudden loss of functional activity due to illness such as stroke or progressive disorders.

In order to prepare for the NDIS as a private practice, we need more information. Feedback from physiotherapists in the current regions that are trialling the system will be extremely valuable to practices/physiotherapists that currently see people who are likely to be eligible for NDIS and will benefit from the funding in the near future.

**Joan Steele-Mills is the Director of Clinical Services for ChildFirst Paediatric Therapy. The interdisciplinary practice, which she founded in 2005 with occupational therapist Kate Loxton, aims to offer a coordinated approach to paediatric therapy services in NSW.**

**Joan graduated from Akademie Effelaar (Hoge School) in Amsterdam in 1984 before arriving in Sydney two years later to take up a position in the Spastic Centre (now known as the Cerebral Palsy Alliance).**





## THE NDIA RESPONSE

Australian physiotherapists have a key role in the National Disability Insurance Scheme (NDIS), which is one of the biggest economic and social reforms this country has seen. To ensure the NDIS is a success, physiotherapists, their staff and other allied health professionals need to become familiar with the NDIS to advise existing patients with a disability, as well as being able to provide information to prospective clients, colleagues and even friends and family members.

### LAUNCH

In 2011, the Productivity Commission called for an NDIS after conducting its largest inquiry ever. It compiled a 1400-page report and—in language perhaps unusually colourful for economists—labelled the existing disability support systems unfair,

fragmented, underfunded and inefficient. The case for an NDIS was clear.

The scheme received support from all sides of politics and on 1 July last year the NDIS began at four sites. It is one of Australia's most significant social policy changes so it is being trialled in sites across the country so that we can learn from experience and include the learnings in the full scheme rollout. The initial sites are Tasmania (for young people aged 15–24), South Australia (for children aged 0–14), and in the Barwon area of Victoria and the Hunter area of NSW for people aged up to 65. From 1 July 2014, the NDIS will commence throughout the ACT, the Barkly region of Northern Territory and the Perth Hills area of Western Australia. Roll out of the full scheme in NSW, Victoria, Queensland, South Australia, Tasmania, the ACT and the Northern Territory will commence progressively from July 2016.

## HOW IT WORKS

The scheme works on an insurance principle, the idea being that anybody can be affected by disability. It might be from birth or it might be acquired later in life. The scheme covers people with a significant and permanent disability that substantially reduces their ability to participate effectively in activities, or perform day-to-day living tasks or actions.

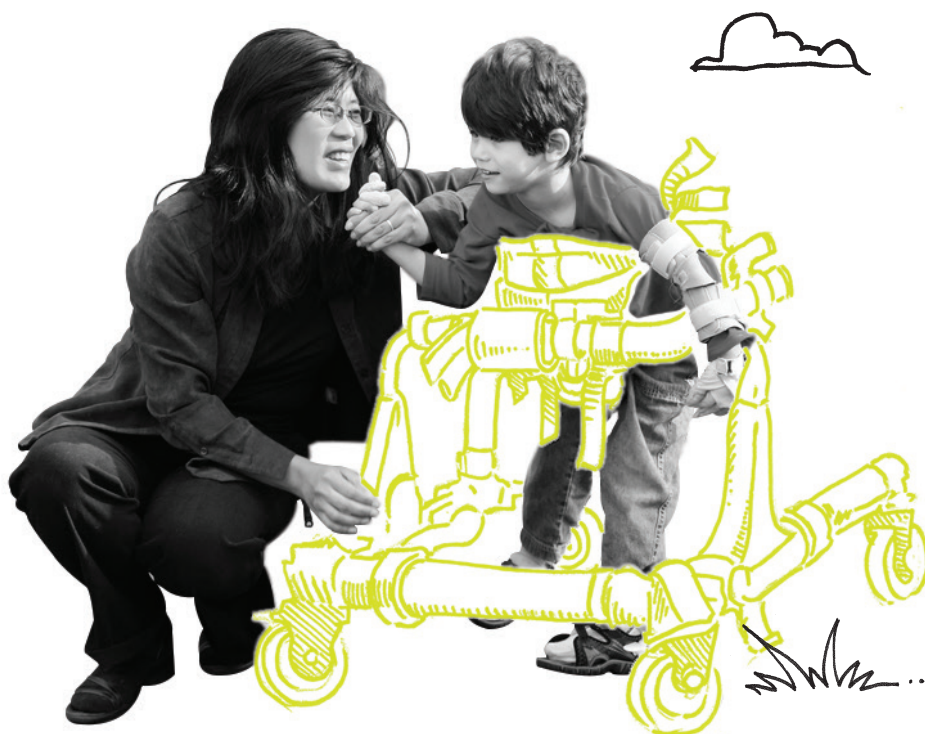
People aged over 65 will be covered by the existing aged-care system and will not be able to access NDIS support. Those who are under 65 when they make a successful access request will be able to choose whether to stay with the NDIS or transfer to the aged-care system when they turn 65.

The NDIS will enable people with disability and their families, for the first time in the history of disability support in this country, to have choice and control over the implementation of their reasonable and necessary supports. It will ensure they have a clear and strong voice and are able to pursue a good life.

## ACCESSING THE NDIS AND FURTHER INFORMATION

As you become familiar with the NDIS you may notice some processes are similar to the NSW Lifetime Care & Support Scheme, though the underlying activities and funding of the schemes are different.

Our website, [ndis.gov.au](http://ndis.gov.au), is the first port of call for information about the NDIS. It will tell you when the scheme will roll out in each area and the My Access Checker allows prospective participants to check their ability to access the scheme. The website is continually updated with new information so check in regularly to keep up-to-date or, even better, sign up for our regular newsletter. Once a person has been determined as able to access the scheme, an NDIS planner will listen to their goals and aspirations, and



work with them to determine the most appropriate, reasonable and necessary supports that will help them achieve these goals. Funding is determined by these conversations and individual plans are reviewed annually.

The complexity and cost of the plan determines who can approve it. This might be the NDIS planner or senior staff such as the launch site manager. If an assessment by an allied health professional such as a physiotherapist or occupational therapist is needed to develop the plan, the NDIS will pay for the assessment.

The NDIS is establishing a panel of experts, including physiotherapists, to review individual plans and provide advice to the agency when required. The APA has nominated physiotherapists for consideration. Our planners and local area coordinators will also help participants find and connect to mainstream and local community supports and activities.

These plans are the key to changing people's lives. Plans are designed to enable participants to engage in education, employment and their community and become independent, to the best of their abilities, and receive necessary equipment.

## REASONABLE AND NECESSARY

You've no doubt heard this term used many times in reference to the NDIS. This is because the backbone of the NDIS legislation is that supports for people with disability are 'reasonable and necessary'. This ensures the scheme is financially sustainable, fair and fits within the community's expectations and willingness to pay for the scheme through their taxes.

It can be applied to all aspects of a person's individual plan, from the approval of home or clinical treatments to the provision of therapy services and equipment.

'Reasonable and necessary' recognises that therapy services are an investment in better future outcomes. However, as is the case with all investments, there must be a strong evidence base to support it.

## ECONOMIC BENEFITS

Before the decision to introduce an NDIS, state and federal governments faced various disability systems in crisis, without the means to manage them effectively.

The Productivity Commission's 2011 exhaustive analysis—taking into account more than 1000 submissions—concluded that the proposed NDIS would generate significant economic benefits. The report stated categorically 'the economic benefits of the NDIS far outweigh the costs'. Furthermore, it was found that NDIS will ultimately add one percentage point, or about \$15 billion, to GDP, which is also the expected cost of the full scheme. The NDIS will build a stronger economy by supporting people to enter or be ready for the workforce.

However, while the NDIS is vital, it will not change everything that needs to be changed to ensure that people with disability have a good life and are able to participate fully in society. As Assistant Minister for Social Services Mitch Fifield said in an October National Press Club speech, this is the responsibility of the National Disability Strategy. This strategy has been signed by all governments and commits all governments to addressing barriers in the community. This is why the Council of Australian Governments (COAG) Disability Reform Council now has the responsibility to look at all aspects of disability programs and the overall commitment of society to improve the opportunities for people with disability to lead full and productive lives.

In conjunction with the National Disability Strategy, we are building a scheme that will not only allocate resources more fairly and give people a greater say, but also will maintain efficiency and rigorously manage costs through an insurance approach.

A huge amount of work and consultation has gone into ensuring there are clear criteria about who can access funded supports and that the scheme remains affordable and viable in the long-term. There is still a lot more work to do as we move from the initial sites to 460 000 participants by the sixth year when the full rollout is complete.

The gradual implementation means we are learning valuable lessons as we go, and we are building a rich evidence base of what works for people and what it costs. We will be regularly reviewing and updating procedures, guidelines and the way in which the scheme works to ensure that the scheme is fair, equitable and financially sustainable. This is another reason to register on our website so you receive the regular newsletters. Your feedback on these changes is always welcome.

We must develop a shared and strong vision about the NDIS and how we can make it work, hand-in-hand with all other service systems, so that together we can jointly ensure that we sustainably improve opportunities for people with disability.

The NDIS is an historic economic reform that the country cannot afford to do without. None of us know when we or a family member may need it. It is a vital cog in Australia's future in which every Australian counts and benefits, and something we should all be very proud and excited about.

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**Bruce Bonyhady is the current Chair of the NDIA and former President of Philanthropy Australia. He was also the convenor of the independent panel appointed to advise the Productivity Commission during the inquiry into long-term care and support for Australians with disability.**

**In 2010, Mr Bonyhady was appointed as a member of the Order of Australia, for services to people with disabilities, their families and carers and to the community.**